



REQUEST FOR APPLICATIONS

GRADUATE MEDICAL EDUCATION (GME) RESIDENCY EXPANSION GRANT – JULY 2021

ISSUED BY:

**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
OFFICE OF POLICY INITIATIVES AND BUDGET**

**APPLICATIONS ARE DUE
NO LATER THAN 12:00 NOON CT
ON THURSDAY, AUGUST 20, 2020**

FOR QUESTIONS, CONTACT:

LINDA MCCART AT LINDA.MCCART@dhs.wisconsin.gov

LATE APPLICATIONS WILL NOT BE ACCEPTED

**GME RESIDENCY EXPANSION GRANT
WISCONSIN DEPARTMENT OF HEALTH SERVICES**

REQUEST FOR APPLICATIONS (RFA)

TIME LINE

JULY 14, 2020	COMPETITIVE APPLICATION RELEASED VIA DHS WEB SITE
JULY 28, 2020	QUESTIONS DUE BY 12:00 NOON CT
JULY 31, 2020	QUESTIONS & RESPONSES POSTED TO DHS WEB SITE
AUGUST 20, 2020	APPLICATIONS DUE BY 12:00 NOON CT
SEPTEMBER 18, 2020	NOTIFICATION OF AWARDS
JULY 1, 2021	CONTRACT EFFECTIVE DATE

REQUEST FOR APPLICATIONS
WISCONSIN DEPARTMENT OF HEALTH SERVICES
GRADUATE MEDICAL EDUCATION RESIDENCY EXPANSION GRANT

1. Introduction

Wisconsin's Graduate Medical Education Initiative was launched in 2013 by the Department of Health Services (DHS) to increase the number of physicians practicing in rural areas of the state. One strategy for achieving this broad goal is expanding residency positions in existing graduate medical education (GME) programs. The purpose of this document is to provide existing accredited programs with information to assist in preparing and submitting applications for Residency Expansion Grants to increase the number of resident positions in priority specialties: family medicine, general internal medicine, general surgery, pediatrics, and psychiatry. Other specialties may also be considered.

The beginning date for grants awarded under this solicitation will be July 1, 2021.

- 1.1 **Goal:** To improve the health of the people of Wisconsin by increasing the number of physicians practicing in rural areas of Wisconsin.
- 1.2 **Purpose:**
To support current accredited GME programs in priority specialties in expanding their programs, including the addition of new rural clinical training sites.

2. Statutory Authority and Rationale

The following section highlights the statutory language creating the DHS GME Initiative and its rationale.

- 2.1 **Authorizing Legislation**
 - 2013 Wisconsin Act 20, §1899, Wisc. Stat. 146.63 and 146.64 established grants to develop new GME programs and expand existing GME programs.
- 2.2 **Rationale**

Numerous reports document a dearth of primary care providers, general surgeons, and psychiatrists, with extreme shortages in rural and other underserved areas. This shortage results from several factors, including an aging population, poorer population health, increases in chronic conditions, aging physicians, unabated retirements of health care professionals, and an insufficient supply of skilled individuals to meet increased demand. Physician shortages have been shown to reduce quality care by limiting access to preventive care and increasing the likelihood of unnecessary hospitalization and leading to higher health care costs.

The lack of physicians also has an economic impact on communities. Health care clinics and physician practices provide employment opportunities and enhance the attractiveness of communities as a place to live and work. A number of studies estimate that a single physician can have a direct impact of more than \$1 million on a community's economic well-being by creating jobs, purchasing goods and services, and supporting communities through the tax revenues they create.

Wisconsin has taken several steps to address the urgent need for more physicians. These actions include increasing the number of students in medical schools, raising public awareness, creating more career pathways for the health care professionals, and strategic investment in new and existing GME programs. Health care leaders have also learned that the “Grow Our Own” equation¹ works: an individual that resides in or has family ties to the state, graduates from an in-state medical school, completes an in-state residency, and becomes a new physician has an 86 percent likelihood of remaining in the state to practice.²



3. Available Funds

DHS anticipates making several awards under this Request for Applications (RFA). The effective date will be July 1, 2021.

Grant Amount: \$75,000 per year per new resident position; maximum of three (3) full-time DHS-supported positions at any one point in time or \$225,000 per year.

Grant Period: Grant covers the length of the residency.

3.1 Use of Funds

DHS GME Residency Expansion Grants shall be used to support an increase in the number of resident positions in an existing accredited program or maintain a current expansion supported by DHS.

3.2 Allowable Costs

Allowable costs, in order of priority, include:

- Resident salary
- Resident fringe benefits
- Resident malpractice insurance
- Resident travel expenses incurred traveling to and from rural clinical training sites
- Other training expenses; up to 5% of the maximum per resident per year may be used for:
 - Stipends or honorariums for rural faculty
 - Rural faculty development/training
 - Resident housing expenses
 - Resident recruitment expenses

3.3 Unallowable Costs

Residency Expansion Grant funds shall not be used for:

- Capital improvements

¹ Wisconsin Hospital Association, 2018. The equation has a cumulative effect on retention outcomes.

² Wisconsin Hospital Association. “100 New Physicians a Year: An Imperative for Wisconsin.” 2011.

- Consultant fees
- Sub-contracts
- Planning activities
- Supplanting or replacing existing funds from other sources, including local, state or federal resources, for the same purpose

4. **Eligible Applicants**

Eligible applicants are accredited GME programs or sponsoring institutions of accredited program that meet the following criteria:

- Accredited or nationally certified residency or fellowship program in a medical specialty
 - Priority for:
 - Family Medicine
 - General Internal Medicine
 - General Surgery
 - Pediatrics
 - Psychiatry
 - Addiction Medicine
 - Addiction Psychiatry

NOTE: Other specialties may apply based on demonstrated need, e.g., wait times for appointments, travel time, treatment needs, federally recognized underserved or shortage area, etc.

- Located in Wisconsin or has a substantial presence in Wisconsin (*see Appendix A – Definitions, Item 15*)
- Is not on probation by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA), or other national accrediting organizations or have any restrictions on the program.

5. **Special Requirements**

This section highlights requirements that each applicant must meet.

5.1 Rural Training Experiences

The GME Residency Expansion Grant is designed to maximize the exposure of new residents to rural clinical practice, *see Definitions, Item 12*. Research and experience suggest that carefully crafted in-block rotations in rural sites enhance the likelihood of residents returning to such areas to practice. All applications must include a commitment to establishing a minimum of at least eight (8) weeks of clinical training in a rural hospital or clinic over the length of the residency.

5.2 Resident Selection Criteria

Research confirms that individuals who graduate from a Wisconsin medical school *and* complete their residency in Wisconsin are substantially more likely to establish their practice in the State than individuals who only complete their residency in-state (70 vs. 47 percent). The percentage increases to 86 percent for individuals who also have other ties to Wisconsin, such as close

family still in the state. As such, resident recruitment and selection strategies should prioritize individuals most likely to remain in Wisconsin after completion of their residency.

5.3 Resident Requirements

Residents supported by these grant dollars must be U.S. citizens, non-citizen nationals or foreign nationals who possess visas permitting permanent residence in the U.S. Individuals on temporary student visas **shall not** be supported with DHS GME Residency Expansion Grant funds.

NOTE: Residency Expansion Continuation Grants

GME programs with a current DHS Residency Expansion Grant must continue to meet all criteria in this RFA. Current grantees must also meet the following requirements *and have a vacant DHS-supported position by July 1, 2021* to be eligible to apply for a continuation grant. *Exceptions may be negotiated.*

- Exceeds eight (8) weeks of rural clinical training over the length of the residency or includes plans to increase training above the minimum required.
- Prioritizes applicant residents who are graduates of a Wisconsin medical school.
- Has a majority (~50 percent) of graduating residents over the last three years who remain in Wisconsin to practice (average over the time period).

6. Application Criteria and Requirements

This section articulates the criteria with which each application will be reviewed. The application narrative should be clear and concise, primarily describing the proposed rural training rotation(s) and how they will be put in place. All documents must be typed and use 11-point font, Times New Roman or similar.

6.1 Abstract

- Identify the targeted specialty for expansion and the rationale for this expansion.
- Identify the location(s) of potential or proposed rural clinical sites.
- Provide the number of current residents and the number of new positions being requested (≤ 3).

6.2 Resident Recruitment

- Describe recruitment strategies and the criteria for screening and ranking resident applicants, including how Wisconsin-connected graduate medical students will be prioritized.
- Articulate the schedule for adding the new positions beginning July 1, 2021. For example, one position will be added each year or all requested positions will begin at the same time or a different configuration.

6.3 Rural Clinical Training

- Describe how new rural clinical sites will be recruited and established, including potential/proposed locations, curriculum topics, and anticipated length; i.e., how the eight-week rural training requirement will be met.

- Provide information about the recruitment of rural faculty, engagement in planning, and on-going support, e.g., honorariums or stipends, faculty development opportunities, academic appointments, protected time, or other strategies.

NOTE: Continuation Grants

For current DHS grantees seeking funds to continue supported resident positions provide:

- A description of the current rural clinical training.
- If new clinical sites are being added, include the information above (Item 6.3).
- Number of residents with Wisconsin ties prioritized for The Match and the number successfully matched.
- Number of residents in the most recent graduating class who remain in Wisconsin to practice.
- Other information reflecting success and/or challenges of the rural experiences, including any changes that will be made.

6.4 Program Demographics and Outcomes

See Appendixes B and C for suggested table formats.

- Resident Population– Provide a table for the current and prior two years resident populations that includes:
 - where they are from
 - medical school attended
 - data about prior or current ties to Wisconsin
- Outcomes – Provide a table with the following information for the current class and the prior two years, by year, to the extent that this information is known. Include the accredited number of positions and the actual class size per year.
 - # of individuals who began and completed their residency in a given year
 - # of residents with an undergraduate degree from a Wisconsin college or university
 - # of residents who graduated from a Wisconsin medical school
 - # of graduate residents practicing in Wisconsin (retention rate)
 - # of graduate residents who initiate practice in their original declared residency
 - # of graduate residents practicing in a Health Professional Shortage Area (HPSA)
 - Board pass rates for residents in the targeted specialty (accumulative average)

6.5 Benchmarks

Benchmarks for the DHS GME Residency Expansion Grant are clearly stated, realistic, and measurable and highlight the activities needed to meet the purpose of this RFA. Benchmarks are framed as outcomes and can be achieved during the funding period.

6.6 Budget and Budget Narrative

The application includes a detailed budget and budget narrative for each year of the grant. *See Section 3 for information about allowable and unallowable costs. See Appendix D for a suggested format.*

- **Budget**
 - The applicant shall develop a line-item budget for allowable costs for each year of the grant. These costs include: resident salary, fringe benefits, malpractice insurance, and travel costs incurred in traveling to and from participating training sites.
 - Allowable costs may also include faculty training expenses, not to exceed 5 percent of the residents' salary, fringe, and malpractice, e.g., 5% of \$75,000 or \$3,750 per year.
- **Budget Narrative**
 - The budget narrative includes justification for each line item and how amounts were calculated by year. Fringe benefits and malpractice insurance should be calculated separately as a percentage of salary.
 - Training expenses for rural faculty development should be briefly described and justified. If stipends or honorariums are provided for rural faculty, please explain individual activities covered, e.g., participation in ACGME Committee meetings, assistance in resident recruitment, etc. and how the amount was calculated. For faculty travel, please include the purpose.
 - The budget narrative also provides information about other funding sources supporting the resident, including amounts per year and covered costs. For example, include an estimate for housing provided in-kind by the rural hospital/clinic or the community.
 - The narrative also includes a brief discussion about how the new residency positions will be sustained after the end of the grant. The response should address potential strategies to engage local and regional health systems, community-based organizations, employers, and other GME stakeholders in developing new physicians and approaches for encouraging new physicians to practice in rural areas.

7. **Questions and Clarifications**

Potential applicants who have questions or need clarification about the requirements in this Request for Applications may seek answers and additional information by submitting an email to Linda McCart, linda.mccart@dhs.wisconsin.gov on or before **12:00 noon CT, July 28, 2020**. Receipt of the inquiry will be acknowledged, but individual responses will not be provided.

All queries and responses will be posted to the DHS web site, <https://www.dhs.wisconsin.gov/business/solicitations-list.htm>, on or before July 31, 2020.

8. **Submission of Application**

All applications shall be typed, doubled-spaced with 11-point Times New Roman or similar font, and shall not exceed 10 pages. All pages must be sequentially numbered. The total number of pages **does not** include the budget, budget narrative, and required tables; these pages should not exceed 8 pages which may be single spaced.

- 8.1 **Number of Applications**
Eligible GME programs may submit one application per targeted specialty for expansion or continuation of DHS-supported resident positions. Each application shall be submitted electronically to Linda.McCart@dhs.wisconsin.gov by the closing date and time.
- 8.2 **Closing Date/Due Date**
The closing date for the receipt of all applications under this RFA is **no later than 12:00 noon CT on Thursday, August 20, 2020**. All responses to this RFA received after the closing date and time will not be reviewed. Receipt of applications will be acknowledged.
9. **Award Procedures**
Each complete application received by the deadline will be reviewed and rated by an external Rating Panel. The Panel may request clarifications or additional information; such requests will be made through the DHS Project Director, Linda McCart, to the applicant contact person.
- The Panel's recommendations for funding will be provided to DHS and forwarded to the DHS Secretary for approval. All applicants whose proposals are reviewed and rated will receive written notice of their status by DHS. Each applicant whose proposal was not approved shall be given an opportunity to discuss the decision with the Project Director.
10. **General Requirements**
The following requirements are generally applicable to all DHS solicitations.
- 10.1 **Definitions**
The terms used in this RFA are defined in Appendix A.
- 10.2 **Contractual Obligations**
In the event of an award, the contents of this RFA, including all attachments, RFA addenda and revisions and the proposal from the successful applicant will become contractual obligations. OPIB reserves the right to negotiate the award amount and terms and conditions prior to entering into an agreement.
- 10.3 **News Releases**
News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of DHS. Copies of any news release regarding this award during the contract years will be submitted to DHS within 30 days of publication.

CHECKLIST, COVER SHEET and APPENDICES

The following information is provided to assist applicants in preparing a quality, competitive response to the RFA.

Application Checklist. The completed application must include the following, organized accordingly. The outline corresponds to the text in Section 6. Please adhere to the page limits given in Section 8.

- I. Application Cover Sheet, *word fillable*
 - Primary contact
 - Authorized signature
- II. Project Narrative
 - Abstract
 - Resident Recruitment
 - Rural Clinical Rotations
 - Rural faculty recruitment and development
- III. Program Demographics and Outcomes
 - Resident population, *table*
 - Outcomes, *table*
- IV. Benchmarks
- V. Budget and Budget Narrative
 - Budget period – beginning July 1, 2021 through the length of training for each new resident
 - Individual line items for all costs
 - Narrative justifies/provides rationale for each item and provides calculations
- VI. Other material, *if applicable*

Cover Sheet and Appendices

Application Cover Sheet
Appendix A – Definitions
Appendix B – Resident Population, *template*
Appendix C – Resident Outcomes, *template*
Appendix D – Budget, *must be submitted via an excel spreadsheet or similar format with the identified categories*

Application Cover Sheet – DHS Residency Expansion Grant

Section A - APPLICANT INFORMATION

1. Targeted Program: Insert Title of Program			Number of Residents Requested: Insert Number
2. Applicant/: Insert Name			ACGME # Insert Number AOA # Insert Number
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
3. Primary Contact: Insert Name			Email: Insert Telephone: Insert
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
4. Fiscal Agent: Insert Name			Contact Name: Insert Email: Insert
Address: Insert	City: Insert	State: Insert State Abbr.	Zip: Insert
5. Employer Identification No.: Insert Number			

SECTION B - BUDGET SUMMARY

10. Enter the total proposed budget and the budget for each year of the targeted residency. **Note:** The maximum amount per year per targeted specialty is \$225,000.

Total funds requested: \$ _____

Requested funds per year:

\$	Year1	\$	Year2	\$	Year3
\$	Year4	\$	Year5		

11. NAME, TITLE AND PHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT THE APPLICANT ORGANIZATION TO THIS AGREEMENT

Typed Name of Official: _____ Title: _____ Phone: _____

Signature: _____

Date: _____

APPENDIX A – DEFINITIONS

For purposes of this RFA, the following definitions shall apply.

1. Accredited Program – an established GME program in one of the targeted specialties that is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA), or other national accrediting organizations.
2. Addiction Medicine Fellowship Program – a medical specialty, certified by the American Board of Addiction Medicine or accredited by the ACGME, focused on the prevention, treatment, and management of addiction.
3. Addiction Psychiatry Fellowship Program – a medical subspecialty within psychiatry, certified by the American Board of Psychiatry and Neurology or accredited by the ACGME, focused on the evaluation, diagnosis and treatment of individuals with one or more disorders related to addiction.
4. Fellowship – a post-residency training period of one to two years in a related subspecialty, e.g., addiction or child and adolescent psychiatry, which allows a physician to develop a particular expertise that may have a related subspecialty board. For such programs to be eligible for grants under the DHS GME Initiative, the fellowship program must meet ACGME accreditation standards or other nationally recognized standards from national boards or organizations.
5. Graduate Medical Education – the period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education.
6. Health Professions Loan Assistance Program (HPLAP) and Rural Physician Loan Assistance Program (Hospital Assessment Supplementary Loan Assistance Program – HASLAP) – managed by the Wisconsin Office of Rural Health, HPLAP provides loan repayment funds to eligible physicians working in rural or Health Professional Shortage Areas (HPSH) and psychiatrists that work in HPSAs. HASLAP provides additional funds for physicians practicing in rural communities.
7. Participating Sites – a health care organization providing clinical education experiences or rotations for residents or fellows.
8. Primary Care and Psychiatry Shortage Grants – managed by the Wisconsin Higher Education Aids Board, this initiative provides annual awards to eligible physicians completing Wisconsin residencies in primary care or psychiatry who agree to practice in physician shortage areas of the state.
9. Program – a structured educational experience in graduate medical education designed to conform to the program requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
10. Resident – a physician in an accredited graduate medical education program.

11. Rotation – a graduate educational experience of planned activities in selected settings, over a specific time period, developed to meet the goals and objectives of the GME program.
12. Rural Area - areas that meet the definitions from the Wisconsin Area Health Education Center System, including:
 - R1 – rural area with no population center greater than 2,500
 - R2 – rural area with population center 2,500 – 9,999
 - R3 – rural area with population center 10,000 – 49,999
13. Rural Rotation - a rotation that includes at least eight (8) weeks of clinical training experience over the length of the residency in a hospital or clinic that is located in a rural area or in a clinic staffed by physicians who admit patients to a hospital located in a rural area. The rotation shall be designed to maximize resident exposure to rural practice.
14. Sponsoring Institution – the organization that assumes the financial and academic responsibility for a program of GME; the sponsoring institution has the primary purpose of providing educational programs and/or health care services.
15. Substantial Presence in WI – an accredited GME program in one or more of the targeted specialties in a bordering state that:
 - Has one or more established resident rotations in rural Wisconsin hospitals and/or clinics
 - Has data over the last three years documenting the number of medical school graduates from Wisconsin who complete their residency and return to Wisconsin to practice
 - Meets all other requirements of this RFA
16. Targeted Specialty – the accredited GME medical specialty targeted by the grant for expansion.

APPENDIX B – RESIDENT POPULATION

Please include the following information for all current residents in the targeted program — those supported by a DHS GME Residency Expansion Grant as well as those supported by other funding. Please include information for the current class (July 2019) plus the prior two years. Indicate 'NA' if data is unknown.

Resident Name or Identifier	Year Residency Began	From WI? (Y/N)	WI Undergraduate Degree? (Y/N)	Other WI Ties?	Medical School
John Doe	2018	Y - Madison	N	Family in WI; spouse from WI	UW School of Medicine and Public Health
Jane Doe	2017	Y - Wausau	Y	WI high school graduate	Medical College of WI
Sally Jones	2016	N - Dallas, TX	Y	NA	UW

APPENDIX C – RESIDENT OUTCOMES

Please include information about all current residents (2019) and residents for the prior two years. Please indicate 'NA' where information is currently not available or is unknown. Data may be given in actual numbers or as a percentage of the total number of residents enrolled for a given program year. Applicants may use a different format that includes this information.

Targeted Specialty	Academic/Program Year		
	2019/2020	2018/2019	2017/2018
Total number of residents			
1. From Wisconsin or with Wisconsin ties			
2. Undergraduate degree from a Wisconsin college or university			
3. Graduated from a Wisconsin medical school			
4. Completed residency			
a. Practicing in Wisconsin after graduation (retention rate)			
b. Practicing in same field as original declared residency			
c. Practicing in a Health Professional Shortage Area (HPSA), either in WI or other state			
d. Board pass rates for residents in the targeted specialty			

Appendix D – Budget Template

Please include all items by year. Applicants may use other formats with these categories. See Item 6.5 for details about the budget narrative and Section 3 for allowable costs.

Program Year						
Item	2021 - 2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Resident Salary, Fringe Benefits, Malpractice Insurance						
Provide detailed breakout of costs per year; explain how amounts were calculated in budget narrative; fringe and malpractice should be presented separately as percentage of salary.						
PGY 1						
<ul style="list-style-type: none"> • Salary • Fringe (x %) • Malpractice (x %) 						
PGY 2						
<ul style="list-style-type: none"> • Salary • Fringe • Malpractice 						
PGY 3						
<ul style="list-style-type: none"> • Salary • Fringe • Malpractice 						
PGY 4 (as applicable)						
<ul style="list-style-type: none"> • Salary • Fringe • Malpractice 						
PGY 5 (as applicable)						
<ul style="list-style-type: none"> • Salary • Fringe • Malpractice 						
Subtotals						
Training Expenses – Provide detail of cost per year, rationale, and how amounts were calculated in the budget narrative. Total expenses cannot exceed 5 percent of residents’ salary and fringe.						
Housing, if any; by number of residents per year						
# Residents						
Subtotal						
Travel expenses, if any; by number of residents per year; standard per diem rates for travel, meals, and lodging.						
# Residents						
Subtotal						
Rural faculty expenses, if any; by number of faculty; provide description, e.g., stipend, training, conference fee, travel, and rationale/justification for in the budget narrative.						
Subtotal						
Total Costs						
Total DHS Request						